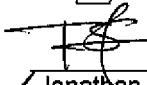


| <b>AMENDMENT TRANSMITTAL LETTER</b>   |   |   |                                   | Docket No.<br>04536/032001   |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
|---|---|---|-----------------------------------|------------------------------|------|--|---|---|-----------------------------------|------|--|--------------|---|--------|---|---------|------|-----------------------|---|-------|---|----------|------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|---|--|--|--|--|------|
| Application No.<br>10/798,087-Conf. #6040   |   | Filing Date<br>March 11, 2004           |                                   | Examiner<br>Not Yet Assigned |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Art Unit<br>2621  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Applicant(s): Kaji Kobayashi  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Invention: DISK REPRODUCTION APPARATUS ALLOWING SETTING OF BOOK MARK FOR<br>REPRODUCING DISK, AND DISK REPRODUCTION METHOD  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>TO THE COMMISSIONER FOR PATENTS</b>  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Transmitted herewith is an amendment in the above-identified application.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| The fee has been calculated and is transmitted as shown below.  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>CLAIMS AS AMENDED</b>  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims<br/>Remaining<br/>After<br/>Amendment</th> <th style="width: 15%;">Highest<br/>Number<br/>Previously<br/>Paid</th> <th style="width: 15%;">Number<br/>Extra Claims<br/>Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>7</td> <td>- 20 =</td> <td>0</td> <td>x 50.00</td> <td>0.00</td> </tr> <tr> <td>Independent<br/>Claims</td> <td>2</td> <td>- 3 =</td> <td>0</td> <td>x 210.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> |   |   |                                   |                              |      |  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate |  | Total Claims | 7 | - 20 = | 0 | x 50.00 | 0.00 | Independent<br>Claims | 2 | - 3 = | 0 | x 210.00 | 0.00 | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> |  |  |  |  | 0.00 |
|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                         |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Total Claims  | 7   | - 20 =                                  | 0                                 | x 50.00                      | 0.00 |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Independent<br>Claims   | 2   | - 3 =                                   | 0                                 | x 210.00                     | 0.00 |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Other fee (please specify):   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |   |   |                                   |                              | 0.00 |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u><br>as described below. A duplicate copy of this sheet is enclosed.  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> Credit any overpayment.   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| <br><u>#45,079</u> Dated: <u>January 29, 2008</u>  |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| Jonathan P. Osha <u>TRAVIS SELIGER</u><br>Attorney/Agent Reg. No.: 33,986   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |
| OSHA · LIANG LLP<br>1221 McKinney St., Suite 2800<br>Houston, Texas 77010<br>(713) 228-8600   |   |   |                                   |                              |      |  |   |   |                                   |      |  |              |   |        |   |         |      |                       |   |       |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |   |  |  |  |  |      |